

# Alaska Health & Education News

*From the Office of Senator Frank Murkowski*

Winter 2001

## Alaska to Receive \$200 Million in Additional Medicaid Funding

In the final moments of the legislative session, Congress passed my legislation increasing federal Medicaid payments to Alaska by \$200 million over the next five years. This serves as an extension and expansion of a program adjustment I created three years ago. As a direct result, the State will have additional funds to increase the level of health care delivered to our neediest residents.

In 1997, Congress recognized that the federal government was not paying its fair share of Alaska's Medicaid program. That year, I successfully increased the federal share of Medicaid costs from 50% to 59.8%. However, this law expired at the end of October 2000, while the need has become greater than ever. The costs associated with the Medicaid program, as well as the number of individuals seeking care continue to rise. A reduction in funds would have caused financial strain on the state, and threaten some beneficial services.

Under my new legislation, a modification of S. 2693, the Alaska Medicaid Equity Act of 2000, the federal share of Medicaid will increase to 61% of program costs. While further review of federal Medicaid payment methodologies is necessary, this is an important step to ensure that our state's Medicaid beneficiaries have access to quality health care services.



## Murkowskis Raise \$250,000 to Support Breast Cancer Detection Center

Over the past seven years, my wife, Nancy and I have sponsored an annual fishing tournament at the Waterfall Resort outside Ketchikan to benefit the Breast Cancer Detection Center of Fairbanks. This year's event raised \$250,000 bringing the seven year total to more than \$1.55 million.

The center, founded in 1976, now serves more than 2,200 women a year. Over the past 24 years it has provided screenings to more than 20,000 Alaskans in 81 villages. This has directly increased the likelihood of early detection and saved countless lives.

In Alaska, early detection is especially vital. We see nearly 200 new cases of breast cancer diagnosed each year, and a death rate of roughly 50 per year -- the second highest in the nation. Many of these deaths could be prevented through early detection which has been proven to reduce the risk of death by 30 percent.

To learn more or make donations, please do not hesitate to contact the Center in Fairbanks at P.O. Box 71422, Fairbanks, AK 99707 or by phone at (907) 479-3909.

## Congress Passes Breast and Cervical Cancer Treatment Bill

In October of 2000, S. 662 was signed into law. This important legislation, which I cosponsored, will provide medical assistance for uninsured women screened and found to have breast or cervical cancer under a federally funded screening program.

The statistics are staggering. One out of nine American women will suffer the tragedy of breast cancer. It is the leading cause of death for women between the ages of 35 to 54. Alaskan women are particularly vulnerable to this disease, with the second highest rate of breast cancer in the nation. One in seven Alaskan women will develop breast cancer, and it is the leading cause of death among Native Alaskan women. These deaths are preventable -- the key is early detection.

In 1990, Congress created a program, run by the Centers for Disease Control (CDC), to provide breast and cervical cancer screening for low-income, uninsured women. This program, run in all 50 states, is tremendously successful. The CDC screens more than 500,000 women every year, detecting more than 3,000 cases of breast cancer and 350 cases of cervical cancer. But, the fight against breast cancer does not end with detection of the disease.

The new legislation finishes what we started in 1990 by providing a simple low-cost solution to a life or death problem. Costing less than \$60 million per year, it gives states the option to provide those women who are diagnosed with breast or cervical cancer under the CDC's screening program medical coverage through the Medicaid program. The coverage would continue until the treatment and follow-up visits are completed.

On January 12, 2001, legislation was introduced in the Alaska State Legislature that will authorize the State's Medicaid program to take advantage of this new funding. When enacted the State's cost of participating in the new program is estimated at about \$175,000 per year.

## Alaskan Schools to Receive Needed Funding from Timber Receipts Bill

The Senate Energy and Natural Resources Committee, of which I am Chairman, does not have the opportunity to address many bills that directly impact education. However, during the 106th Congress I had the opportunity to cosponsor and pass through the Committee the Secure Rural Schools and Community Self-Determination Act, the so called Timber/Receipts County Payments Bill. This bill was signed into law on October 31, 2000.

Over the past eight years, nearly 800 towns nationwide have seen sharp drops in revenue raised from federal timber receipts. Most of these towns have relied on these funds to provide aid for local schools and road construction. In Alaska alone, 28 towns and boroughs have experienced significant losses.

The new legislation seeks to reverse this trend by guaranteeing these towns will receive an annual payment that is the equivalent to the average payment of their three highest years of timber receipts over the last 15 years. Local governments can either accept the payment, or base federal aid on the actual level of timber receipts in their areas.

Funding to Alaska will increase significantly. The state should gain approximately \$10 million for FY 2001, compared to the \$2.01 million that the state and towns shared this past year.

The precipitous drop in financial support for education and infrastructure has hurt many Alaska towns and boroughs. This important legislation reverses those reductions and sets up a steady and reliable flow of federal aid to offset the loss to the local tax base because of federal land ownership.

## Congress Increases Funding for the Nation's Medicare Providers

Last year, Congress added an additional \$35 billion of program benefits and funding to the federal Medicare program. This is in addition to the \$27 billion added to Medicare during 1999. Medicare beneficiaries and providers in Alaska will see more services and improvements in reimbursement upon implementation of this new law.

Medicare recipients will have access to more screening services - bringing the program in line with traditional private insurance plans. Some notable plan expansions are the coverage of screenings for glaucoma, colon cancer and medical nutrition therapy. In addition, the new law modernized the mammography benefit to allow the use of digital mammography, and eliminated the time limitation on the coverage of immunosuppressive drugs.

Rural providers will also benefit from the new law. A rate increase for providers of ambulance services in rural areas, as well as a revision of Medicare reimbursement for telehealth services, will increase access to care in many Alaskan communities. Specific health care providers will also see relief from the budget cuts made in the Balanced Budget Act of 1997, such as a one year delay in the application of a 15% reduction on payment limits for home health services and the restoration of the full home health market basket update for home health services in 2001.

While many more program improvements are needed, such as the addition of a prescription drug benefit, these plan adjustments will directly assist Medicare beneficiaries and providers in Alaska. I look forward to further refining and improving the system during the 107th Congress.

## Murkowski Urges Awareness of Colorectal Cancer

In Alaska, 100 people a year die from colon and rectal cancer and 200 a year are diagnosed with the disease. Only lung cancer claims more lives. In an effort to raise awareness about this silent killer, I cosponsored legislation that declared March as National Colorectal Cancer Awareness Month.

Alaskans need to know the warnings signs and undergo screenings to protect themselves. It is vital that people understand more about the disease and recognize the importance of early screenings, because it is a highly preventable, treatable and curable disease.

Beginning at age 50, everyone should be screened regularly. Furthermore, everyone needs to know they can markedly reduce their risk of the disease by a low-fat diet, high in vegetables and fruits, by regular exercise and by avoiding tobacco. We all need to do our part to reduce the personal pain from this cancer.

However, much more needs to be done. I plan on continuing to work with the Cancer Research Foundation of America, the National Colorectal Cancer Roundtable and the American Digest Health Foundation to raise awareness of this horrible disease.

## Construction Begins on Alaska's First Inhalant Treatment Center

This past August, the Yukon Kuskokwim Health Corporation (YKHC) began construction of a new inhalant treatment facility in Bethel. This facility will be the first of its kind in Alaska and only the second treatment center dedicated to inhalant abuse in the nation.

Sadly, we in Alaska continue to see kids as young as elementary school age threatening their own futures by sniffing toxic substances such as cleaning solvents, correction fluid, paints, gasoline and glue. These toxins are inexpensive, legal and can be found in almost any home in Alaska.

In an effort to help combat this problem, Senator Stevens and I provided \$3.2 million to construct an inhalant treatment center. This treatment center, like a facility in South Dakota, will provide a thorough inpatient treatment plan which will hopefully lead to an end of inhalant abuse in Alaska. Completion of the Bethel facility is expected this summer.

## Congress Increases Health Care Funding For Veterans

When this Congress began in 1999, things looked bleak for veterans health care. Once again, the Clinton Administration had requested no increase in funding for veterans health care. If you factor in inflation, this request was actually a funding cut. Congress knew that something had to be done.

I, along with several of my colleagues, wrote letters to the Senate Budget Committee and Senate Appropriations Committee urging them to give the Veterans Health Administration an urgently needed funding increase. Years of flatline budgets just weren't good enough for those that served our nation.

After all was said and done, the final bill included a \$1.7 billion increase above President Clinton's request. Last year, the President again saw the strong support in Congress for VA health care and finally decided to request an increase in funding. I and my colleagues were happy to pass a bill that increased VA health care funding by another \$1.4 billion over last year's level.

This increased funding is the least those of us in Congress can do to make sure that our aging veterans population gets the kind of health care they deserve. They were there for us when the nation needed them. They went to all corners of the globe defending our interests and many of them paid the ultimate sacrifice in the process. Now, in their time of need, it is the responsibility of Congress to be there for them.

I have always supported our nation's veterans. As a member of the Senate Veterans Affairs Committee, I am continuously looking for ways to improve the quality of life for veterans. I realize that even more funding is needed in the future and I am committed to fighting for this goal.

## Congress Streamlines Billing Process for IHS Facilities

After a difficult, two-year long battle, all Native organizations are now eligible to directly bill Medicare and Medicaid for services delivered to program beneficiaries. This change will eliminate unnecessary costs from the system, and most importantly, facilitate prompt payments to providers.

Four years ago, I won Congressional approval for a demonstration project involving the Bristol Bay Health Corporation and the Southeast Alaska Regional Health Corporation. The demonstration allowed these providers to skip the lengthy Indian Health Service billing process, and directly seek reimbursement from the Department of Health and Human Services for care delivered to Medicare and Medicaid beneficiaries. A review of the project found that hospitals and clinics billing directly could decrease the payment delay by up to 90%. Faster receipt of money has improved hospital and clinic cash flows by reducing the costs of short-term borrowing, under-compensated care, and bookkeeping.

Due to the program's tremendous success, in 1999, I introduced legislation to make this program permanent and extend the benefit to all Native health care organizations. In October 2000, this legislation was signed into law. Now all tribal organizations, and all taxpayers, will enjoy the savings associated with a more streamlined payment system.

★ Please let me know what you are thinking. ★

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